

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044473

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1003

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No.

Registrar's No. 10881

FILED NOV 19 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION St. Luke's Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois b. COUNTY Madison

c. CITY  
OR  
TOWN St. Jacob

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Grover

Custer

Kilby

4. DATE  
OF  
DEATH

Month

Day

Year

November 11, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1/19/1888

## 9. AGE (last birthday)

74

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

## 10b. KIND OF BUSINESS OR INDUSTRY

Railroad

## 11. BIRTHPLACE (City and state or country)

Pattonville, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.

## 13a. FATHER'S NAME

Julian Kilby

## 13b. MOTHER'S MAIDEN NAME

Mildred Curtis

## 14. NAME OF HUSBAND OR WIFE

Florence

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, go, or unknown?) (If yes, give war or dates of serv)

No

## 17. INFORMANT

Address

Florence Kilby, St. Jacob, Ill.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral thrombosis

## DUE TO (b)

Generalized arteriosclerosis

## DUE TO (c)

332X

INTERVAL BETWEEN  
ONSET AND DEATH

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

myocardial infarction, old

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

a.m.  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

Death occurred at

Nov 10, 1962

6:30 pm

to

Nov 11, 1962

and last saw him alive on

Nov. 11, 1962

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Michael M. Karl M.D.

## 22b. ADDRESS

St. Louis, Mo.

## 22c. DATE SIGNED

11/11/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

11-11-62

## 23c. NAME OF CEMETERY OR CREMATORY

Keystone Cemetery

## 23d. LOCATION (City, town, or county)

St. Jacob, Ill.

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe, Inc., 4700 Washington Blvd.

## 25. DATE RECD. BY LOCAL REG.

NOV 13 1962

## 26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Amy E. Monroe*

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.